

LEWIS COUNTY COMMUNITY DEVELOPMENT DEPARTMENT

2025 NE Kresky Avenue
Chehalis, WA 98532-2626

(360) 740-1146
FAX: (360) 740-1245

Variance Application

Submittal Fee \$1,220.00

Date of Application: _____ **Variance #: VAR** _____ - _____

Associated Permit Application # _____

Receipt #: _____ **Permit Technician:** _____

Reason for variance request:

Applicant's Information

Name: _____
Mailing Address: _____
Street or P. O. Box # _____ City _____ State _____ Zip _____
Phone Number: (_____) _____ E-mail: _____

Property Information

Quarter Section _____ Section _____ Township ____N Range _____ East/West (Circle One)
Tax Parcel # _____ Site Address _____
Owner's Name: _____
Mailing Address: _____
Street or P. O. Box # _____ City _____ State _____ Zip _____
Phone Number: (_____) _____

This form must be completed, signed, notarized and submitted with the following information and documentation:

- _____ 1. Legal description of property.
- _____ 2. Complete description of variance being requested
- _____ 3. Assessor's map showing all properties located within 300' of subject property.
- _____ 4. **Total fee: \$1,220.00.** This includes a fee payment of \$970 (up to 5 hours, then \$100 per hour over 5 hours), and a legal publication fee of \$250.
- _____ 5. If applicable provide site plan showing property boundary lines and detailing locations of all proposed and existing buildings or structures including all water sources (well locations), sewage systems (tank and drainfield), sewage system reserve area, driveways and parking areas (existing and proposed). Plan must include locations and types of structures on adjacent properties. Map must be drawn to scale and 'North Arrow' must be indicated.

By my signature below I affirm that I have read and understand the limitations and conditions of the Lewis County Administrative Code Chapter 17.160.010, and agree to comply with all conditions upon approval of this request. Further, that all information and documents provided with this application are true and accurate to the best of my knowledge.

Signature of Applicant

Date Signed

Signature of Property Owner (if different from applicant)

Date Signed

State of Washington)
) SS
County of _____)

I, the undersigned, a Notary Public in and for the County and State, do hereby certify that on this _____ day of _____, 20____, personally appeared before me _____ to me known to be the individual described in and who executed the within instrument, and acknowledge that he/she (they) signed and sealed the same as free and voluntary act and deed, for the uses and purposes therein mentioned.

GIVEN under my hand and official seal the day and year last above written. _____
Notary Public in and for the state of Washington, residing at : _____
My Commission Expires: _____

OFFICE USE ONLY:

Date Routed _____

Permit Technician: _____

The attached variance request is being forwarded to the Lewis County Hearings Officer for review. A public hearing will be scheduled as soon as possible, if you would like your comments or recommendations included in the Staff report presented at that hearing, you should have these returned to the Lewis County Planning Section at 2025 NE Kresky Avenue, Chehalis, WA, no later than 7 days of receipt of this document.

Attendance at the hearing is optional. If you prefer to make comments in person at the hearing, please contact the Lewis County Planning Section for the scheduled date of the hearing.

Failure to either return this document or attend the hearing will not prohibit the variance from being approved.

_____ A) Contingent upon compliance with any conditions set below finds the signing agency **recommends approval** of the application.

_____ B) The request does not conform to the requirements for reduced setbacks and the signing agency **recommends denial** of the application. The specific deficiencies are listed below:

Reasons for recommendation of DENIAL or CONDITIONS OF APPROVAL:

OTHER COMMENTS:

SIGNATURES:

Traffic Engineer: _____ Date: _____

Building Official: _____ Date: _____

P.U.D. Official: _____ Date: _____

_____ Date: _____

Authority of the Hearing Examiner grants a Variance